

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: NV
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: NV

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 1,792,997

A.Preventive and primary care for children:

\$ 537,899 (30%)

B.Children with special health care needs:

\$ 537,899 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 179,299 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 1,344,748

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 853,034

\$ 1,344,748

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 3,137,745

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 0

c. CISS: \$ 0

d. Abstinence Education: \$ 280,174

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 48,258,837

h. AIDS: \$ 12,287,073

i. CDC: \$ 8,129,205

j. Education: \$ 0

k. Other: \$ 0

FTM/HRSA \$ 500,000

NBHS/HRSA \$ 118,194

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 69,573,483

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 72,711,228

FORM NOTES FOR FORM 2

The total amount for line 9, 10, and 11 is due to State Health Division restructure which brought new programs under the Title V Director.

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: FedAlloc
Row Name: Federal Allocation
Column Name:
Year: 2010
Field Note:
Amt from the NGA for FFY 2010
2. **Section Number:** Form2_Main
Field Name: FedAlloc_PPCC
Row Name: Federal Allocation - Preventive and primary care for children
Column Name:
Year: 2010
Field Note:
Budgeted is minimum, expect expenditures more than 30%.
3. **Section Number:** Form2_Main
Field Name: FedAlloc_CSHCN
Row Name: Federal Allocation - Children with special health care needs
Column Name:
Year: 2010
Field Note:
Budgeted is minimum, expect expenditures more than 30%.
4. **Section Number:** Form2_Main
Field Name: FedAlloc_Admin
Row Name: Federal Allocation - Title V Administrative costs
Column Name:
Year: 2010
Field Note:
Expenditure for BA#3223 (Total of portions for 3222 pd, 3208, 3224, 3218)
5. **Section Number:** Form2_Main
Field Name: UnobligatedBalance
Row Name: Unobligated Balance
Column Name:
Year: 2010
Field Note:
No unobligated balance from FFY07
6. **Section Number:** Form2_Main
Field Name: StateMCHFunds
Row Name: State MCH Funds
Column Name:
Year: 2010
Field Note:
Newborn screening fees- required match only recorded (75%). Nevada is over-matched in FFY 2008
7. **Section Number:** Form2_Main
Field Name: SSDI
Row Name: Other Federal Funds - SSDI
Column Name:
Year: 2010
Field Note:
This was not included this year as SSDI is now under Health Planning & Statistics (not MCH Director).
8. **Section Number:** Form2_Main
Field Name: CISS
Row Name: Other Federal Funds - CISS
Column Name:
Year: 2010
Field Note:
Nevada's ECCS grant is now under DHHS. project director - Margot Chappel
9. **Section Number:** Form2_Main
Field Name: AbsEducation
Row Name: Other Federal Funds - Abstinence Education
Column Name:
Year: 2010
Field Note:
Nevada has received notice this grant will be discontinued very soon.
10. **Section Number:** Form2_Main
Field Name: WIC
Row Name: Other Federal Funds - WIC
Column Name:
Year: 2010
Field Note:
The amount for WIC includes \$35,762,597 from USDA grant. \$126140 in USDA Breastfeeding education grant, \$355,000 EBT grant, \$15,100 WIC infrastructure grant, approximately \$12,000,000 in rebates for formula and cereal.
11. **Section Number:** Form2_Main
Field Name: AIDS
Row Name: Other Federal Funds - AIDS
Column Name:
Year: 2010
Field Note:
This amount includes \$8,482,806 in Ryan White Part B HRSA, \$228,000 HOPWA, \$300,000 Minority HIV testing CDC, \$2,776,267 HIV prevention from CDC, approximately \$500,000 in drug rebates.
12. **Section Number:** Form2_Main

Field Name: CDC
Row Name: Other Federal Funds - CDC
Column Name:
Year: 2010
Field Note:
This amounts includes Immunizations \$3,146,633, Hepatitis \$79,640, National Breast and Cervical Cancer Early Detection Program \$2,529,397, Comprehensive Cancer \$220,000, Sexual Violence Prevention and Education \$406,217, Oral Health \$355,000, NEHDI \$150,000, Tobacco Control \$857,913, Diabetes \$344,405, Healthy Communities \$40,000

13. **Section Number:** Form2_Main
Field Name: OtherFedFundsOtherFund
Row Name: Other Federal Funds - Other Funds
Column Name:
Year: 2010
Field Note:
First Time Motherhood grant is a 2 year grant which ends in 2010.
NBHS is the Newborn Hearing Screening grant.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NV

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,996,035	\$ 1,849,339	\$ 1,976,405	\$ 1,861,285	\$ 1,976,405	\$ 1,835,626
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 150,000	\$ 0	\$ 150,000	\$ 0	\$ 150,000	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,497,027	\$ 1,380,995	\$ 1,482,304	\$ 1,395,964	\$ 1,482,304	\$ 1,376,719
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 3,643,062	\$ 3,230,334	\$ 3,608,709	\$ 3,257,249	\$ 3,608,709	\$ 3,212,345
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 39,489,037	\$ 40,476,173	\$ 47,224,459	\$ 41,219,201	\$ 49,207,697	\$ 43,516,956
9. Total <i>(Line11, Form 2)</i>	\$ 43,132,099	\$ 43,706,507	\$ 50,833,168	\$ 44,476,450	\$ 52,816,406	\$ 46,729,301
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: NV

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 1,837,036	\$ 1,837,036	\$ 1,837,036	\$	\$ 1,792,997	\$
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 150,000	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,377,777	\$ 1,377,777	\$ 1,377,777	\$	\$ 1,344,748	\$
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 1,139,785	\$ 0	\$	\$ 0	\$
7. Subtotal <i>(Line8, Form 2)</i>	\$ 3,364,813	\$ 4,354,598	\$ 3,214,813	\$ 0	\$ 3,137,745	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 46,654,854	\$ 53,399,821	\$ 47,946,657	\$	\$ 69,573,483	\$
9. Total <i>(Line11, Form 2)</i>	\$ 50,019,667	\$ 57,754,419	\$ 51,161,470	\$ 0	\$ 72,711,228	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2008
Field Note:
Full amount of award expended.
2. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2008
Field Note:
FFY 2008, we are correcting documentation to reflect actual. There has not been a reserve since at least 2006. Corrected here to show \$0 balance and in future unobligated line items.
3. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2007
Field Note:
Balance forward of \$150,000 is maintained each year to provide cash for program expenditures into the future year in the event funding is delayed through legislative actions.
4. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2008
Field Note:
Methodology for newborn screening fees match changed during this reporting period. It was assumed that all fees received and spent applied to the MCH block grant activities. This amount includes personnel, operating, contractual payments for NBS activities and other various clinics such as genetics, metabolic and FASD. [only the \$1,377,777 is the required 75% match. Over match is shown in "Program Income" line item.
5. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
There is a 10% difference in budgeted because in past years, the entire Newborn Screening fees were reported in line 3, Form 2 as State Funds. The NBS are fee generated revenue and are categorized as Program Income (Line 6, Form 2). However, upon consultation we include the required 75% match in the line 3 State Funds; otherwise this would show as 0 and cause question.
6. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2008
Field Note:
SSDI \$84745, ECCS \$167,485, Abstinence \$ 68217, Rape Prevention \$ 190,513, Oral Health \$ 505,006, Injury \$105,068, PCO \$ 184,626, SEARCH \$126,000, NBHS \$133,331, PHHS \$37478, WIC Breastfeeding \$137,057, WIC \$36,817,964, WIC Rebates \$14,841,331.
7. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2007
Field Note:
WIC program expenditures were below state budget levels for the year. In addition, there were several personnel vacancies in grant funded programs that contributed to the expenditure shortfall for the year.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NV

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,446,253	\$ 1,410,605	\$ 1,432,657	\$ 1,540,567	\$ 1,432,657	\$ 1,360,409
b. Infants < 1 year old	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Children 1 to 22 years old	\$ 929,734	\$ 776,271	\$ 920,220	\$ 611,799	\$ 920,220	\$ 713,344
d. Children with Special Healthcare Needs	\$ 1,067,472	\$ 845,328	\$ 1,058,192	\$ 917,694	\$ 1,058,192	\$ 942,878
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 199,603	\$ 198,130	\$ 197,640	\$ 187,189	\$ 197,640	\$ 195,714
g. SUBTOTAL	\$ 3,643,062	\$ 3,230,334	\$ 3,608,709	\$ 3,257,249	\$ 3,608,709	\$ 3,212,345
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 100,000		\$ 178,466		\$ 140,000	
d. Abstinence Education	\$ 286,164		\$ 286,164		\$ 286,246	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 37,243,109		\$ 44,489,283		\$ 46,881,514	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 802,753		\$ 866,568		\$ 867,539	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Other - See Notes	\$ 587,498		\$ 552,544		\$ 562,715	
Real Choices	\$ 369,513		\$ 751,434		\$ 369,683	
III. SUBTOTAL	\$ 39,489,037		\$ 47,224,459		\$ 49,207,697	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: NV

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,520,496	\$ 1,122,296	\$ 1,361,456		\$ 1,112,846	
b. Infants < 1 year old	\$ 0	\$ 1,344,748	\$ 0		\$ 769,802	
c. Children 1 to 22 years old	\$ 604,875	\$ 597,952	\$ 725,961		\$ 537,899	
d. Children with Special Healthcare Needs	\$ 1,055,739	\$ 1,105,899	\$ 943,693		\$ 537,899	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 183,703	\$ 183,703	\$ 183,703		\$ 179,299	
g. SUBTOTAL	\$ 3,364,813	\$ 4,354,598	\$ 3,214,813	\$ 0	\$ 3,137,745	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 0	
c. CISS	\$ 140,000		\$ 140,000		\$ 0	
d. Abstinence Education	\$ 280,174		\$ 280,186		\$ 280,174	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 44,682,357		\$ 45,947,642		\$ 48,258,837	
h. AIDS	\$ 0		\$ 0		\$ 12,287,073	
i. CDC	\$ 855,504		\$ 990,496		\$ 8,129,205	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
FTM/HRSA	\$ 0		\$ 0		\$ 500,000	
NBHS/HRSA	\$ 0		\$ 0		\$ 118,194	
Other - See Notes	\$ 602,175		\$ 493,689		\$ 0	
III. SUBTOTAL	\$ 46,654,854		\$ 47,946,657		\$ 69,573,483	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population divided by the total budgeted expenditures for FY 06. The percentage for FY 06 is 47.3%. $(\$3,364,813 \text{ less } \$150,000) \times .473 = \$1,520,496$. (rounded)
- 2. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
enter prenatal contracts (only MCH portion)
- 3. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2008
Field Note:
enter overmatched portion of NBS
- 4. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population divided by the total expenditures for FY 06. The percentage for FY 06 is 18.8%. $(\$3,364,813 \text{ less } \$150,000) \times .188 = \$604,875$. (rounded)
- 5. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2008
Field Note:
enter notes
- 6. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
The budget variance is due to a transition of budgeting methodology from straight-line expenditures by population group to attempting a more accurate estimation of the amount expenditures will be in the future. The current budget methodology is to use the current expenditure year percentages to budget for future periods.
- 7. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population divided by the total expenditures for FY 06. The percentage for FY 06 is 28.2%. $(\$3,364,813 \text{ less } \$150,000) \times .282 = \$906,577$. Added to this budget total is the carry forward amount of \$150,000 to match the grant application total. (rounded)
- 8. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2008
Field Note:
The amount reported here is the NEIS dollars from the MCH BG. \$491,478

A large portion the state spends in this category is by general fund (the CYSHCN health coverage program)- not reported here as only MCH BG & NBS fees are reported.
- 9. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2007
Field Note:
The budget variance is due to a transition of budgeting methodology from straight-line expenditures by population group to attempting a more accurate estimation of the amount expenditures will be in the future. The current budget methodology is to use the current expenditure year percentages to budget for future periods.
- 10. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2008
Field Note:
Administrative expenditures are 10% of the grant application total request.
- 11. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration

Full amount allowed used for admin BA#3223

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NV

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,384,364	\$ 835,058	\$ 1,494,006	\$ 822,857	\$ 934,656	\$ 876,987
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 837,904	\$ 626,057	\$ 732,568	\$ 706,537	\$ 700,090	\$ 795,828
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,109,191	\$ 1,357,401	\$ 967,134	\$ 1,172,258	\$ 1,515,657	\$ 1,002,136
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 311,603	\$ 411,818	\$ 415,001	\$ 555,597	\$ 458,306	\$ 537,394
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,643,062	\$ 3,230,334	\$ 3,608,709	\$ 3,257,249	\$ 3,608,709	\$ 3,212,345

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: NV

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 862,137	\$ 645,944	\$ 877,660	\$	\$ 545,587	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 747,332	\$ 875,829	\$ 796,441	\$	\$ 379,299	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,206,985	\$ 2,416,865	\$ 1,002,906	\$	\$ 1,878,158	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 548,359	\$ 415,960	\$ 537,806	\$	\$ 334,701	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,364,813	\$ 4,354,598	\$ 3,214,813	\$ 0	\$ 3,137,745	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 05 is 25.3%. $(\$822,857 / \$3,257,249 = 25.3\%)$. $(\$3,214,813 \times .253 = \$812,137$, plus \$50,000 from carry forward = \$862,137.
2. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2007
Field Note:
The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 25.9%. $(\$835,058 / \$3,230,334 = 25.9\%)$. $(\$3,608,709 \times .259 = \$934,656$.
3. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
FFY08 - cuts to the direct services contracts
4. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
Expenditures for Direct Health Care Services were 6.2% below the budgeted amount. This is due, primarily, to the amount of MCH funds available (\$1,837,036) being below the amount budgeted for the year (\$1,976,405).
5. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2010
Field Note:
There are several enabling services/staff provided with MCH general funds, not reported here.
6. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 06 is 21.7%. $(\$706,537 / \$3,257,249 = 21.7\%)$. $(\$3,214,813 \times .217 = \$697,332$, plus \$50,000 from carry forward = \$747,332. (rounded)
7. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2007
Field Note:
The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 19.4%. $(\$626,057 / \$3,230,334 = 19.4\%)$. $(\$3,608,709 \times .194 = \$700,090$.
8. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
FFY 08 - more was expended in this category because of WIC budget changes.
9. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
The budget variance is due to a transition of budgeting methodology from straight-line expenditures by population group to attempting a more accurate estimation of the amount expenditures will be in the future. The current budget methodology is to use the current expenditure year percentages to budget for future periods.
10. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2008
Field Note:
The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 06 is 36.0%. $(\$1,172,258 / \$3,257,249 = 36.0\%)$. $(\$3,214,813 \times .360 = \$1,157,985$ plus \$50,000 from carry forward = \$1,206,985. (rounded)
11. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services

Column Name: Budgeted

Year: 2007

Field Note:

The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 42.0%. $(\$1,357,401 / \$3,230,334 = 42.0\%)$. $(\$3,608,709 \times .420 = \$1,515,657)$.

12. Section Number: Form5_Main

Field Name: PopBasedExpended

Row Name: Population-Based Services

Column Name: Expended

Year: 2008

Field Note:

FFY 2008 - we calculated the Newborn Screening fees entirely into this line item making the amount more than budgeted

13. Section Number: Form5_Main

Field Name: PopBasedExpended

Row Name: Population-Based Services

Column Name: Expended

Year: 2007

Field Note:

The budget variance is due to a transition of budgeting methodology from straight-line expenditures by population group to attempting a more accurate estimation of the amount expenditures will be in the future. The current budget methodology is to use the current expenditure year percentages to budget for future periods.

14. Section Number: Form5_Main

Field Name: InfrastrBuildBudgeted

Row Name: Infrastructure Building Services

Column Name: Budgeted

Year: 2008

Field Note:

The amount budgeted for FY 08 is the percentage of expenditures for this population in FY 06 divided by the total expenditures for FY 06. The percentage for FY 06 is 17.1%. $(\$555,597 / \$3,257,249 = 17.1\%)$. $(\$3,214,813 \times .171 = \$549,733 \text{ less } \$1,374 \text{ to balance to grant total budget})$.

15. Section Number: Form5_Main

Field Name: InfrastrBuildBudgeted

Row Name: Infrastructure Building Services

Column Name: Budgeted

Year: 2007

Field Note:

The amount budgeted for FY 07 is the percentage of expenditures for this population in FY 05 divided by the total expenditures for FY 05. The percentage for FY 05 is 12.7%. $(\$411,818 / \$3,230,334 = 12.7\%)$. $(\$3,608,709 \times .127 = \$458,306)$.

16. Section Number: Form5_Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2008

Field Note:

FFY 2008 - less was spent than budgeted

17. Section Number: Form5_Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2007

Field Note:

The budget variance is due to a transition of budgeting methodology from straight-line expenditures by population group to attempting a more accurate estimation of the amount expenditures will be in the future. The current budget methodology is to use the current expenditure year percentages to budget for future periods.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: NV

Total Births by Occurrence: 39,186

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	38,522	98.3	13	3	3	100
Congenital Hypothyroidism	38,522	98.3	464	13	13	100
Galactosemia	38,522	98.3	14	0	0	
Sickle Cell Disease	38,522	98.3	9	8	8	100
Other Screening (Specify)						
Biotinidase Deficiency	38,522	98.3	8	4	4	100
Cystic Fibrosis	38,522	98.3	168	1	1	100
Maple Syrup Urine Disease	38,522	98.3	1	1	1	100
Other	38,522	98.3	6	6	6	100
Very Long-Chain Acyl-CoA Dehydrogenase Deficiency	38,522	98.3	3	3	3	100
Methylmalonic acidemia (Cbl A,B)	38,522	98.3	1	1	1	100
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	38,522	98.3	2	2	2	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	38,522	98.3	2	2	2	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

Other includes:

3 Cases of hyperphenulalanemia
2 cases of Hemoglobin E disease
1 case of Hemoglobin SE disease

Sickle cell disease appears on the first screen (there were no false positives) and the second screen confirms it.

The percent of Newborns in Nevada screened for Cystic Fibrosis in CY 2008 was only 67.8 because Nevada began testing for Cystic Fibrosis on May of 2008.

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2010
Field Note:
From Vital stats - January 1, 2008 to Dec 31, 2008.
2. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2010
Field Note:
Sickle cell disease is identified on the first screen and confirmed on the second.
3. **Section Number:** Form6_Screening Programs for Older Children and Women
Field Name: OtherWomen
Row Name: All Rows
Column Name: All Columns
Year: 2010
Field Note:
Autism screening at 18 months of age
FASD related screening for pregnant women
Developmental and Behavioral Health screening in EPSDT (called Healthy Kids in NV)

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: NV

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	7,954	33.7	1.0	7.5	55.6	2.2
Infants < 1 year old	39,142	6.7	0.9	61.9	18.5	12.0
Children 1 to 22 years old	36,183	11.3	6.8	13.3	59.2	9.4
Children with Special Healthcare Needs	4,332	33.5	2.8	40.8	14.4	8.5
Others	10,845	13.1	1.0	19.0	58.6	8.3
TOTAL	98,456					

FORM NOTES FOR FORM 7

Coverage breakdown estimates for infants < 1 year year old and children 1 - 22 were from pooled 2006 and 2007 Nevada coverage data provided by the Kaiser Family Foundation. Title XXI estimates were provided from Nevada Medicaid.

To avoid duplication 44 positive newborn screening cases were subtracted from infants <1 year old because they were included in the Children with SpecialHealthcare needs (39,186 - 44 = 39,142)

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: NV

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	38,473	30,839	3,534	457	2,866	214	0	563
Title V Served	7,954	6,434	644	119	494	44	0	219
Eligible for Title XIX	24,692	19,974	2,000	371	1,532	136	0	679
INFANTS								
Total Infants in State	39,186	31,410	3,600	465	2,922	215	0	574
Title V Served	39,142	31,375	3,596	464	2,920	214	0	573
Eligible for Title XIX	12,265	9,921	995	184	761	67	0	337

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	22,798	15,006	669	12,304	251	322	1,712	417
Title V Served	4,713	3,103	138	2,544	52	67	354	86
Eligible for Title XIX	14,632	9,631	429	7,896	161	207	1,099	268
INFANTS								
Total Infants in State	23,221	15,284	681	12,531	256	328	1,744	425
Title V Served	23,194	15,268	680	12,517	256	328	1,742	425
Eligible for Title XIX	7,268	4,784	213	3,922	80	103	546	133

FORM NOTES FOR FORM 8
None
FIELD LEVEL NOTES
None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NV

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 429-2669 & 211	(800) 429-2669	(800) 429-2669	(800) 429-2669	(800) 429-2669
2. State MCH Toll-Free "Hotline" Name	MCH Campaign	MCH Campaign	MCH Campaign	MCH Campaign	MCH Campaign
3. Name of Contact Person for State MCH "Hotline"	Joanne Malay	Judith Wright	Judith Wright	Judith Wright	Judith Wright
4. Contact Person's Telephone Number	(775) 684-5902	(775) 684-4285	(775) 684-4285	(775) 684-4285	(775) 684-4285
5. Contact Person's Email	jmalay@health.nv.gov				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	715	836	1,077

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: NV

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number		(866) 254-3946	(866) 254-3946	(866) 254-3946	(866) 254-3946
2. State MCH Toll-Free "Hotline" Name		Bureau of Family Health Services CSHCN	Bureau of Family Health Services CSHCN	Bureau of Family Health Services CSHCN	Bureau of Family Health Services CSHCN
3. Name of Contact Person for State MCH "Hotline"		Brad Towle	Brad Towle	Judith Wright	Judith Wright
4. Contact Person's Telephone Number		(775) 684-4285	(775) 684-4285	(775) 684-4285	(775) 684-4285
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	1,008	1,302

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main

Field Name: hnumber_2

Row Name: State MCH toll-free hotline telephone number

Column Name: FY

Year: 2010

Field Note:

In July 2009, Nevada 2-1-1 will be the call center for the MCH Campaign. They offer a broader base of referrals to the callers, improved outreach, enhanced language capacity, offer more hours, and have more sophisticated reporting.

2. **Section Number:** Form9_Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2008

Field Note:

Data from internal MCH Campaign database. Victor Lamas runs the query Oct. 1, 2007 to Sept. 30, 2008

Outreach activities have declined and total number served have declined the last 3 years. Changing delivery of the MCH Campaign by Nevada 2-1-1 (toll-free, statewide social services Information & Referral) is expected to increase the number of callers to previous volume or beyond.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: NV

1. State MCH Administration:
(max 2500 characters)

Nevada's Title V Maternal and Child Health Program is administered through the Bureau of Child, Family, and Community Wellness (formerly Bureau of Family Health Services), Nevada State Health Division, Department of Health and Human Services. Programs under MCH include Children and Youth with Special Health Care Needs (CYSHCN), which includes newborn screening, newborn hearing screening, multidisciplinary clinics, and Nevada Birth Outcomes Monitoring system (formerly Birth Defects Registry); Maternal, Child and Adolescent Health, which includes Perinatal Substance Abuse Prevention, the MCH Campaign (which includes the MCH Information and Referral Line), teen pregnancy prevention, injury and rape prevention, early childhood systems development and middle childhood systems development; Oral Health which includes sealant initiatives, early childhood caries prevention, and fluoridation; and WIC, which includes breastfeeding promotion.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,792,997
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 1,344,748
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 3,137,745

9. Most significant providers receiving MCH funds:

Early Intervention Services
University Medical Center of Southern Nevada
Oregon Labs
Washoe Pregnancy Center/Renown

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	7,954
b. Infants < 1 year old	39,142
c. Children 1 to 22 years old	36,183
d. CSHCN	4,332
e. Others	10,845

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Nevada's direct and enabling services includes the CYSHCN program which pays for treatment for eligible children (dual eligibility of family income and physical condition). This program will be move to community based agencies in FY10. It includes the multidisciplinary clinics for genetics, metabolics, cleft/craniofacial, fetal alcohol syndrome, and endocrine and hemoglobin. These clinics provide evaluation, diagnosis, and recommendations for treatment and referrals. A portion of the MCH block grant supports Early Intervention Services whose Developmental Specialists offer services to developmentally delayed children age 0-3. Teen health clinics are contracted with the Washoe County Health District (Reno) and the Huntridge Teen Clinic (Las Vegas). The MCH Block Grant supports community health nursing in Nevada's rural counties; they are increasing their delivery of EPSDT including lead screening. Prenatal care services are contracted with Renown (Washoe Pregnancy Center) and University Medical Center.

b. Population-Based Services:
(max 2500 characters)

Nevada's newborn screening program screened 98.7 percent of infants in 2008; its newborn hearing program screened 98.8 percent of the infants born in the state. In 2008 newborn screening added cystic fibrosis to the screening panel, bringing to 32 the number of disorders screened. The newborn hearing screening program partners with Nevada Early Intervention Services to ensure infants who fail the screening are appropriately tested for confirmation. The MCH Toll-Free Information and Referral Line is available statewide as is the Bureau web page, to inform the public of available services and how to contact them. Immunization is offered by the Frontier and Rural public health nurses supported in part by the MCH block grant. Multiple programs within MCH offer Health Promotion and Education activities, i.e., Oral Health, Injury and Prevention, Car Seat Safety, Breastfeeding support and education, EPSDT outreach, Well Child Curriculum, Youth Health Transitioning.

c. Infrastructure Building Services:
(max 2500 characters)

Nevada Birth Outcomes Monitoring System has completed reports for 2005 and 2006, and is working on 2007. Oral Health and Injury Prevention continue to have biostatisticians on staff who are producing reports that may be found posted on the Bureau's web site (www.health.nv.gov). The SSDI grant continues to provide staff to work on the MCH Block Grant and other data needed by the Bureau. Newborn Screening and Hearing are working on improved databases for tracking. These programs will link with the new Electronic Birth Records system to go live July 1, 2009. Lead screens are now reported by Clark County (the largest urban area), and the rural health nurses. Advocacy is in place for statewide reporting for the 2009 legislative session. MCH Staff are using language in future contracts for performance measurement and to add local data to our current nationwide collected sources.

12. The primary Title V Program contact person:

Name	Debra Wagler
Title	MCH Manager

13. The children with special health care needs (CSHCN) contact person:

Name	Jack Zenteno
Title	NBS and Hearing Program Manager

Address 4150 Technology Way, #101
City Carson City
State NV
Zip 89706
Phone 775-684-3479
Fax 775-684-4245
Email dwagler@health.nv.gov
Web www.health.nv.gov

Address 4150 Technology Way, #101
City Carson City
State NV
Zip 89706
Phone 775-684-3478
Fax 775-684-4245
Email jzenteno@health.nv.gov
Web www.health.nv.gov

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Form10_Most significant providers receiving MCH funds
Field Name: ProviderFund2
Row Name:
Column Name:
Year: 2010
Field Note:
South Access to Prenatal Care contract
2. **Section Number:** Form10_Most significant providers receiving MCH funds
Field Name: ProviderFund3
Row Name:
Column Name:
Year: 2010
Field Note:
Newborn Screening lab services
3. **Section Number:** Form10_The primary Title V Program contact person
Field Name: PrimaryContact
Row Name:
Column Name:
Year: 2010
Field Note:
The project Director is the Bureau Chief, Maria Canfield.
The operations and day-to-day manager is Debra Wagler

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: NV

Form Level Notes for Form 11

State Performance Measure #3 - These data are from Nevada's 2008 BRFSS data. Obese is defined as an individual with a body mass index (BMI) of 30 or greater. STATE PERFORMANCE MEASURE #6 ICD 10 Codes are not available at this time for 2008 numerator source: 2006 death and 2007 preliminary death data denominator source: 2006 & 2007 interim population estimates provided by the Nevada State Demographer time interval: CY 06 & 07 population segment represented: Nevada residents code notes: ICD codes used were drawn according to CDC guidance set forth in State Injury Indicators: Instructions for Preparing 2005 Data, other: Although the phrasing of the indicator calls for a percent, what has been and reported previously is a rate and has been done so here again. Calculating a true percent would yield a tiny fraction. State Performance Measure #8 - These data are from Nevada's 2008 BRFSS data. From the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" women 18 - 44 with reporting at least 1 day in the past 30 were included. PERFORMANCE MEASURE #9 numerator source: 2008-2009 Basic Screening Survey denominator source: time interval: 2008-2009 school year PERFORMANCE MEASURE #10 ICD10 Codes are not available at this time for 2008. numerator source: FARS denominator source: 2006 & 2007 interim population estimates provided by the Nevada State Demographer time interval: CY 06 & 07 State Performance Measure #14 Data is from the YRBS. Percentages represent middle school students. Percentages are only available from the YRBS. Performance Measure #15 Data for women who smoked in the last three months of pregnancy is unavailable. Data consists of women who smoked at any time during their pregnancy (numerator) and the number of women who gave birth (denominator). PERFORMANCE MEASURE #16 ICD10 Codes are not available at this time for 2008. numerator source: 2006 death and 2007 preliminary death data denominator source: 2006 & 2007 interim population estimates provided by the Nevada State Demographer time interval: CY 06 & 07 population segment represented: Nevada residents code notes: The ICD codes used were drawn from the CDC's 'State Injury Indicators: Instructions for Preparing 2005 Data'

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	99	99	100
Annual Indicator	99.0	98.4	100.0	100.0	100.0
Numerator	34,384	35,794	49	51	44
Denominator	34,730	36,377	49	51	44

Data Source

Oregon Public Health Lab

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

This is the second year that Nevada has linked NBS data to birth certificate data. The total births for Nevada is determined from birth certificate records and although this data is fairly complete, there may be a few more late submissions for 2006.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	58	60	65	60	50
Annual Indicator	54.6	54.6	54.6	47.5	47.5
Numerator					
Denominator					
Data Source					2006 Natl Study
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	55	55	57
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

2006 National Study Data repeated

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	55	55	55	55	42
Annual Indicator	49.1	49.1	49.1	41.2	41.2
Numerator					
Denominator					
Data Source					2006 Natl Study

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	45	47	51	54	57
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	58	60	62	64	54
Annual Indicator	55.4	55.4	55.4	53.5	53.5
Numerator					
Denominator					
Data Source					
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	55	57	60	63	66
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	78	80	82	80	83
Annual Indicator	75.1	75.1	75.1	82.6	82.6
Numerator					
Denominator					
Data Source					
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	85	87	90	93	96
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	10	11	12	17	42
Annual Indicator	5.8	5.8	5.8	41.7	41.7
Numerator					
Denominator					
Data Source					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	42	42	45	45	48
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2008

Field Note:

This is data from the SLAITS, National CYSHCN study, 2006 (conducted once every 5 years)

NOTE: Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

2. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	75	75	70	72	67
Annual Indicator	74.5	66.7	69.3	65.4	68.5
Numerator	31,160				
Denominator	41,826				
Data Source					CDC Natl IZ Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	69	70	71	72	74
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

CDC National Immunization Survey NIS data July 2007 – June 2008

variable 4:3:1:3:3:1†††

Numerator & Denominator information is not available per this survey.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

This data is from "Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series Among Children 19-35 Months of Age by State and Local Area. U.S. National Immunization Survey, Q3/2006 - Q2/2007

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data is from CDC for 2005-2006. Full year 2006 data is not available until around August 31, 2007

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	27	26	25	25	24
Annual Indicator	26.7	26.4	26.7	26.4	25.2
Numerator	1,266	1,353	1,429	1,465	1,440
Denominator	47,362	51,274	53,593	55,520	57,231

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	24	23	23	23	23
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	38	38	40	42	44
Annual Indicator	32.5	33.0	41.0	41.0	37.5
Numerator		10,350	13,109	13,683	12,847
Denominator		31,364	31,973	33,372	34,258

Data Source

BSS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	38	38	40	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Children were not resurveyed in 2007. This is an estimate based on prior year (2006).

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data is based on a statewide screening of children enrolled in third grade conducted in 2006

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2	2.5	2.4	2.3	2.2
Annual Indicator	4.0	4.6	4.7	2.5	
Numerator	20	24	26	14	
Denominator	497,677	526,084	549,579	569,704	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2	2	1.9	1.9	1.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2008

Field Note:

PERFORMANCE MEASURE #10

ICD10 Codes are not available at this time for 2008 data. Data may be available later in CY 2009.

2. Section Number: Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			25	27	32
Annual Indicator		22.7	23	26.5	25.1
Numerator					
Denominator					
Data Source					WIC data

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	27	28	29	30	31
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

NV WIC Program is the only source of breastfeeding data available in the State. The NV WIC program sends the raw data extrated from their MIS to the PedNSS at the CDC. The CDC processes the data and reports back only the percentages, NV WIC program does not know the value of numerator and denominator used. Currently, the MIS uses regional parameters to calculate programatic indicators that are not fully compatible with CDC's, thus the MCH uses the PedNSS data to ensure consistency in the report.

Perf. Obj. This was a new reporting measure in 2005. Progress toward the projected objectives are not met. A review for more realistic objectives were made this year. This is a new program, had major organizational shifting, new staff and activities are underway but need time to get a foothold for outcome indicators to change greatly.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

NV WIC Program is the only source of breastfeeding data available in the State. The NV WIC program sends the raw data extrated from their MIS to the PedNSS at the CDC. The CDC processes the data and reports back only the percentages, NV WIC program does not know the value of numerator and denominator used. Currently, the MIS uses regional parameters to calculate programatic indicators that are not fully compatible with CDC's, thus the MCH uses the PedNSS data to ensure consistency in the report.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

The data from CDC PedNSS is for WIC 2006. The only breastfeeding data at six months Nevada has is WIC data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	94	95	97	97	99
Annual Indicator	92.5	96.2	96.7	98.8	
Numerator	31,815	35,116	37,834	38,744	
Denominator	34,384	36,485	39,122	39,209	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	99	99	99	9	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	18	18	17	17	16
Annual Indicator	17.7	18.6	17.9	18.8	
Numerator	105,473			122,018	
Denominator	595,895			648,797	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	14	14	13	13	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 indicator is from the U.S. Bureau Current Population Survey 2007 (new source of data for 2007)

2. Section Number: Form11_Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data is from GBPCA based on a study by Decision Analytics using 2006 population estimates.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			15	14.5	11
Annual Indicator		15.8	15	12.6	13.8
Numerator					
Denominator					
Data Source					

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	11	10	10	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

Using the 2008 Pediatric Nutrition Surveillance
 Nevada Summary of Demographic Indicators Children Aged <5 Years
 Table 2C

2. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2007

Field Note:

This data is from the Centers for Disease Control Pediatric Nutrition Surveillance System for WIC. It is reported as 85% - 95% and >95%. What is reported here is the > 95% rate.

3. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

This data is from CDC's PedNSS for WIC 2006.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			7	6	6
Annual Indicator		7.6	7.0	6.6	5.9
Numerator		2,771	2,738	2,727	2,286
Denominator		36,479	39,260	41,175	38,777

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5	5	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6	14	7	6	6
Annual Indicator	11.5	14.1	11.8	7.8	
Numerator	19	25	22	15	
Denominator	165,297	177,850	185,872	192,576	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

ICD10 Codes are not available at this time for 2008. The data may be available later in CY 2009.

2. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	97	97
Annual Indicator	86.6	95.2	94.7	93.2	95.7
Numerator	382	455	515	497	469
Denominator	441	478	544	533	490

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	97	98	98	99	99
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #17**Field Name:** PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 was finalized CY 2009.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	77	80	74	76	78
Annual Indicator	74.4	67.2	64.3	64.7	66.8
Numerator	26,157	25,032	25,721	26,621	25,914
Denominator	35,147	37,259	40,006	41,175	38,777

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	80	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

STATE PERFORMANCE MEASURE # 1

Increase the percent of women of child-bearing age who receive screening and assistance for domestic violence.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	10	15	15
Annual Indicator	7.7	5.7	6.0	5.6	3.9
Numerator	38,229	30,288	30,015	28,982	19,546
Denominator	497,955	528,027	498,297	515,208	503,840
Data Source					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2008

Field Note:

Data from Title V funded pregnancy clinics and Nevada Network Against Domestic Violence women aged 18-44years. Denominator is state demographers projection of women.

STATE PERFORMANCE MEASURE # 2

Increase the rate of significant Medicaid dental providers to the Medicaid population of children, youth and pregnant women.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			1.9	2	2
Annual Indicator		1.8	1.5	1.9	
Numerator		298	344	422	
Denominator		167,271	235,066	222,530	
Data Source					
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	2.1	2.2	2.3	2.4	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2006

Field Note:

Medicaid data is not yet available, but Medicaid made great strides in opening up dental care for Medicaid clients in 2006. This is an estimate.

STATE PERFORMANCE MEASURE # 3

Decrease the percent of women, ages 18 to 44, who are obese.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			18	18	17
Annual Indicator		19.7	23.0	21.9	20.0
Numerator		104,021	98,268	94,783	88,875
Denominator		528,027	426,760	433,217	444,805
Data Source					BRFSS 2008
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	17	16	16	16	16
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

This data is from Nevada's preliminary 2007 BRFSS report.

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data is from Nevada's final 2006 BRFSS report.

STATE PERFORMANCE MEASURE # 6

Decrease the percent of children and youth ages birth through 18 who die from unintentional injuries.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			5	5	5
Annual Indicator	13.3	10.9	14.0	9.7	
Numerator	85	73	98	70	
Denominator	641,220	667,830	697,715	723,177	
Data Source					
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	5	5	5	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

ICD10 Codes are not available at this time for 2008. The data may be available later in CY 2009.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 was finalized CY 2009.

STATE PERFORMANCE MEASURE # 9

Increase the number of schools (grades kindergarten to high school) that have access to a school based health center.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2007

Field Note:

Clark County is the only county in Nevada that has schools with SBHC. Currently only 3 elementary schools are equipped with these centers. We currently are awaiting for the # of children k-6 who are enrolled in school based health centers (numerator). Some of these centers have only been in operation for 6 months because they were lacking medical directors. Therefore, we do not have reliable data to report for the numerator.

The denominator is 148,773. This data came from NV Annual Reports of Accountability provided by NV Dept of Education.

STATE PERFORMANCE MEASURE # 11

Reduce the prevalence of Fetal Alcohol Spectrum Disorders (FASD).

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					35
Annual Indicator				346.7	
Numerator				26	
Denominator				75	
Data Source					
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	32	30	28	25	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2007

Field Note:

This initiative started May 19,2008. Data is for 6 weeks.

STATE PERFORMANCE MEASURE # 12

Increase the timeliness of Newborn Hearing Diagnosis to 3 months of age.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 13

Increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Data Source					
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 14

Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	23.2	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Data Source					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	22	22	22	22	22
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #14**Field Name:** SM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

State Performance Measure #14

Date for 2008 is not available because the YRBS is done every other year. Data for 2009 will be available in CY 2010.

2. Section Number: Form11_State Performance Measure #14**Field Name:** SM14**Row Name:****Column Name:****Year:** 2006**Field Note:**

State Performance Measure #14

Date for 2006 is not available because the YRBS is done every other year. Data for 2007 will be available in CY 2008.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: NV

Form Level Notes for Form 12

OM#5 Fetal Death data 2008 is not available at this time due to the conversion of paper to electronic files. OM#5 Fetal Deaths include clinical gestation >=20 weeks instead of >=28 weeks.

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	6	6
Annual Indicator	6.2	5.6	6.5	6.7	5.5
Numerator	219	209	262	274	212
Denominator	35,147	37,259	40,006	41,175	38,777

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.5	2	2	1.5	1.5
Annual Indicator	3.3	2.9	2.5	1.8	
Numerator	19	13.4	16	12.5	
Denominator	5.8	4.6	6.4	7.1	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1.4	1.4	1.4	1.4	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2008

Field Note:

OM#2 Death data regarding race/ethnicity is not available at this time due to the conversion of paper to electronic files for 2008. Data for 2008 will be available in CY 2010.

2. **Section Number:** Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3.3	3.2	3.1	3	3
Annual Indicator	4.2	3.3	4.3	4.4	3.4
Numerator	147	123	174	181	132
Denominator	35,147	37,259	40,006	41,175	38,777

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 was finalized CY 2009.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	2.2	2.2	2.1	2
Annual Indicator	2.0	2.3	2.2	2.3	2.1
Numerator	72	86	88	93	80
Denominator	35,147	37,259	40,006	41,175	38,777

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

*(Explain data in a year note. See Guidance, Appendix IX.)***Is the Data Provisional or Final?**

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 was finalized in CY 2009.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	9	9	8	8	8
Annual Indicator	5.9	10.4	10.8	10.1	
Numerator	210	389	433	419	
Denominator	35,357	37,522	40,265	41,413	

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	8	8	8	8	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2008

Field Note:

OM#5 Fetal Death data 2008 is not available at this time due to the conversion of paper to electronic files. Data for 2008 will be available late CY 2009.

2. **Section Number:** Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized in CY 2009.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	18	18	17	17	16
Annual Indicator	20.1	22.9	34.7	26.7	20.0
Numerator	93	112	177	141	99
Denominator	462,947	488,529	510,349	529,028	495,366

Data Source

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	16	16	16	16	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Population for 2008 came from file #2 located at this website <http://www.census.gov/population/www/projections/projectionsagesex.html>

2. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

The Interim 2007 Population Estimates are based on 2005 Population Estimates provided by the Nevada State Demographer on June 2006. The interim 2007 population were updated on July 2008 by the Nevada State Health Division, Office of Health Statistics and Surveillance.

3. **Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized in CY 2009.

* The Interim 2006 Population Estimates are based on 2005 Population Estimates provided by the Nevada State Demographer on June 2006. The interim 2006 population were updated on May 2007 by the Nevada State Health Division, Office of Health Statistics and Surveillance.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: NV

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Form13_Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2010
Field Note:
The Nevada Advisory Council for CYSHCN is an active 13 member permanent council.
2. **Section Number:** Form13_Main
Field Name: Question3
Row Name: #3. Family members are involved in the Children with Special Health Care Needs...
Column Name:
Year: 2010
Field Note:
The Nevada Advisory Council for CYSHCN and the Maternal and CHild Health Advisory Board (medical providers and parents) develop and review the MCH Block Grant report.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: NV FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase the percent of women of child-bearing age who receive screening and assistance for domestic violence.
2. Increase the rate of significant Medicaid dental providers to the Medicaid population of children, youth and pregnant women.
3. Decrease the percent of women (18-44) who feel down or depressed.
4. Increase the number of schools (grades kindergarten to high school) that have access to a school based health center.
5. Reduce the prevalence of Fetal Alcohol Spectrum Disorders (FASD).
6. Increase the timeliness of Newborn Hearing Diagnosis to 3 months of age.
7. Increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels.
8. Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.
9. Decrease the percent of children and youth ages birth through 18 who die from unintentional injuries.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: NV

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	To learn how to define the context and purpose of the assessment, planning, implementation and evaluation cycle in the Title V program cycle.	NV MCH Staff have expertise within their subject, but do not easily think broader and within the Title V cycle	Donna Peterson University of South Florida
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	TA request to develop a strategic plan on women's health.	Overlapping programs, agencies, issues, a comprehensive women's health plan is needed in Nevada.	Office on Women's Health TA from Kay Strawder, Region 9 coordinator.
3.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>9</u>	The goal is to obtain Coordinated School Health Program (CSHP) funding from the CDC, so NV is requesting an evaluation and needs assessment to identify gaps and weaknesses in our novice CSHP.	To better understand the next steps in program development that will align us to secure CSHP funding.	A staff person from the CDC, Division of School Health, Healthy Youth Program would be ideal.
4.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>11</u>	Learn how to develop and implement a 5 year strategic plan from a subject matter expert.	Nevada would greatly benefit from a partnership-derived 5 year strategic plan	Stone Soup Group, Cheri Scott [CheriS@stonesoupgroup.org]. 307 E. Northern Lights Boulevard, Anchorage, 99503
5.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>13</u>	Standards for care coordination • Materials and strategies for rural/hard to reach populations • Materials for Hispanic families • Engagement of advisory groups • Strategies around training providers • Best practices around reimbursement	Nevada would welcome all of the areas of TA as our program is only a few years old.	The Association of Maternal Child Health Programs' State Public Health Coordinating Center for Autism (STHCCA)
6.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>11</u>	Requesting TA to plan/develop prevention strategies	With such few resources, Nevada needs to be more effective in our prevention efforts.	SAMSHA FASD Center for Excellence, Callie B. Gass Project Director
7.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>11</u>	Learn how State WIC agencies support State-level breastfeeding organizations.	Nevada's State-wide breastfeeding coalition struggles for funding and other infrastructure, what sort of contractual arrangements do other states have to help support BF advocacy?	The Oregon WIC Program and the Oregon Nursing Mother's Council
8.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Learn data training for the Title V and Epi staff around Needs Assessment	We have several new Biostatisticians and Title V specific training would be very helpful.	Michelle Issel, Univ of IL @ Chicago, Schl of Pub Hlth
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: NV

SP # 1

PERFORMANCE MEASURE:

Increase the percent of women of child-bearing age who receive screening and assistance for domestic violence.

STATUS:

Active

GOAL

To increase domestic violence screening and assistance among women of childbearing age.

DEFINITION

The percent of the number of women who received screening for domestic violence to the number of women of childbearing age in Nevada.

Numerator:

Number of women of childbearing age (age 15-44) who receive screening and assistance from a domestic violence shelter/agency in a year.

Denominator:

Number of women of childbearing age in the state during the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

State Domestic Violence Network, State Physician Survey, Bureau of Health Planning and Vital Statistics, other domestic violence partners, police data, clinics and county health department. Data will primarily come from domestic violence shelters/agencies and contracts with the bureau for MCH services.

SIGNIFICANCE

Universal screening will promote greater awareness, knowledge, intervention, and prevention services to women and providers, as well as provide indicators for child abuse and neglect screening.

SP # 2

PERFORMANCE MEASURE:

Increase the rate of significant Medicaid dental providers to the Medicaid population of children, youth and pregnant women.

STATUS:

Active

GOAL

The goal is to increase the number of Dentists and other dental providers who will see the Medicaid population.

DEFINITION

The ratio of the number of dentists who will accept Medicaid to the Medicaid population.

Numerator:

The number of oral health services providers received payment of \$1,000 or more from the Medicaid during the year.

Denominator:

The number of children, youth and women of childbearing age in the Medicaid population during the year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data comes from Medicaid, with the numerator being the number of dentists who received at least \$1,000 in payments in the reporting year, and the denominator the number of clients in the cohort.

SIGNIFICANCE

Access to dental care is a chronic issue for Nevada's Medicaid population. This measure addresses increasing access.

SP # <u>3</u>	
PERFORMANCE MEASURE:	Decrease the percent of women, ages 18 to 44, who are obese.
STATUS:	Active
GOAL	Reduce the percent of obese women in Nevada.
DEFINITION	<p>The number of women in Nevada aged 18 -44 that are obese divided by the number of women in Nevada aged 18-44.</p> <p>Numerator: Women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS) with Body Mass Index (BMI) greater than 30.</p> <p>Denominator: All women ages 18 to 44 in the Behavioral Risk Factor Surveillance System (BRFSS).</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Behavioral Risk Factor Surveillance System (BRFSS)
SIGNIFICANCE	Obesity leads to chronic diseases and early mortality.

SP # 6

PERFORMANCE MEASURE:

Decrease the percent of children and youth ages birth through 18 who die from unintentional injuries.

STATUS:

Active

GOAL

To reduce the number of children in Nevada from birth through 18 who died from an unintentional injury.

DEFINITION

Number of children from birth through 18 who died from an unintentional injury divided by the children from birth through 18 population per 100,000.

Numerator:

The number of children in Nevada from birth through 18 who died from an unintentional injury.

Denominator:

The number of children in Nevada from birth through 18 years of age.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Injury prevention database, Bureau of Health Planning and Vital Statistics and the State Demographers Office.

SIGNIFICANCE

Reducing the number of deaths from unintentional injuries in children will increase the quality of life for children and families. This is a population based and infrastructure-building services measure.

SP # 9

PERFORMANCE MEASURE:

Increase the number of schools (grades kindergarten to high school) that have access to a school based health center.

STATUS:

Active

GOAL

Increase the number of children kindergarten through grade six who have access to health care on the school campus.

DEFINITION

Percent of children with access to number of children in grades kindergarten - grade six in Clark County.

Numerator:

Number of children k-6 in Clark County enrolled in school based health centers

Denominator:

Number of children k-6 enrolled in Clark County School District.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The data will come from the school based health centers and the Department of Education.

SIGNIFICANCE

Placing school based health clinics in schools that can address the health needs of the school population has been demonstrated to increase academic success while taking care of student health needs.

SP # 11

PERFORMANCE MEASURE:

Reduce the prevalence of Fetal Alcohol Spectrum Disorders (FASD).

STATUS:

Active

GOAL

Reduce the prevalence of Fetal Alcohol Spectrum Disorders (FASD).

DEFINITION

The prevalence at birth of fetal alcohol spectrum disorders.

Numerator:

Number of reported cases of Fetal Alcohol Spectrum Disorders (FASD) during a consecutive three-year time period.

Denominator:

Total number of Nevada-resident live births during a consecutive three-year time period.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

Relates to Reduce Fetal Alcohol Syndrome (FAS). This is a developmental objective.

DATA SOURCES AND DATA ISSUES

DATA SOURCE AND DATA ISSUES Nevada Bureau of Vital Statistics is the reporting source for the number of live births. Data on the number of children born with Fetal Alcohol Spectrum Disorders will be provided from several sources including reports based on the ICD-9 code 760.71 to the Nevada Birth Outcomes Monitoring System (formerly called Birth Defects Registry) and the FASD diagnostic clinics in Reno and Las Vegas. Due to the small number of annual events that occur in Nevada rates are presented in three-year moving averages.

SIGNIFICANCE

Fetal Alcohol Spectrum Disorders are 100% preventable if a woman does not consume alcoholic beverages during pregnancy. The need for early identification of children with FASDs maximizes opportunities for more successful outcomes. In 2008 in Nevada there were 39,186 babies born. The prevalence of FAS is estimated to be between 0.5 and 2 per 1,000 births nationally projecting Nevada's prevalence anywhere from 160 to 760 with babies are born each year with effects of maternal drinking during pregnancy that may fall across the FASD continuum.

SP # 12

PERFORMANCE MEASURE:

Increase the timeliness of Newborn Hearing Diagnosis to 3 months of age.

STATUS:

Active

GOAL

To reduce the morbidity associated with hearing impairment by ensuring that children are identified with this condition as early as possible and receive needed treatment or other intervention in a family-centered and timely manner. Receiving diagnosis by three months of age requires audiology capacity and the shortage is what the Nevada Title V and Hands & Voices partnership will address.

DEFINITION

The number of infants who receive a diagnosis as defined in the numerator divided by the number who failed the hearing screen

Numerator:

Number of infants receiving a diagnosis before 3 months of age.

Denominator:

Number of infants whose newborn hearing screen warrants need for follow-up screening/diagnostic testing

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

28 general and 28-13

28 Improve the visual and hearing health of the Nation through prevention, early detection, treatment, and rehabilitation. 28-13 (Developmental) Increase access by persons who have hearing impairments to hearing rehabilitation services and adaptive devices, including hearing aids, cochlear implants, or tactile or other assistive or augmentative devices.

28-14 to 28-17

Developmental) Increase the proportion of persons who have had a hearing examination on schedule. Developmental)

Increase the number of persons who are referred by their primary care physician for hearing evaluation and treatment.

Developmental) Increase the use of appropriate ear protection devices, equipment, and practices. Developmental) Reduce noise-induced hearing loss in children and adolescents aged 17 years and under.

DATA SOURCES AND DATA ISSUES

Newborn Hearing Screening Program's data system, electronic birth records, Nevada Early Intervention Services data, and other follow-up data received from clinical evaluations

SIGNIFICANCE

While Nevada's Universal newborn hearing screening program is successful with initial screening; follow-up and diagnosis is a challenge. Speciality providers shortages contribute to the need for improvement in this area. Early identification and intervention have lifelong implications for the child's understanding and use of language.

PERFORMANCE MEASURE:

Increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels.

STATUS:

Active

GOAL

To increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels for early identification of conditions and referral for treatment.

DEFINITION

The number of children, ages 18 months through 48 months, who are screened for age-appropriate developmental skills and social/emotional developmental levels.

Numerator:

The number of children, ages 18 months through 48 months, who are screened for age-appropriate developmental skills and social/emotional developmental levels using the Ages and Stages Questionnaire® and behavioral health screening using the Ages and Stages Questionnaire®: Social-Emotional (ASQ:SE) and autism vulnerability using the Modified Checklist for Autism in Toddlers (M-CHAT).

Denominator:

The number of children, ages 18 months through 48 months.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

18-7

Increase the proportion of children with autism spectrum disorders who receive treatment.

DATA SOURCES AND DATA ISSUES

Initial data collection will be for Early Intervention children 18 to 30 months who have autism and developmental screening. Encourage providers moving to electronic records to report screenings. In the future, we will be offering the ASQ 3 & SE Online Multisite program and this will increase capacity to collect data for this performance measure. In the long-term strive to collect statewide data reported by agencies who perform screenings for young children using the Ages and Stages Questionnaire®, Ages and Stages Questionnaire®: Social-Emotional (ASQ:SE) and the Modified Checklist for Autism in Toddlers (M-CHAT). These questionnaires/screening tools assess children's developmental skills, social-emotional development, and vulnerability for autism spectrum disorders at 18, 24, 30, 36, 48 months.

SIGNIFICANCE

Early identification of young children with autism spectrum disorders is a growing concern for Nevada. With the formation of the Governor's Commission on Autism Spectrum Disorders beginning FY 2009, the Nevada State Health Division is committed to building state capacity to provide screening, diagnostic and treatment services for young children with autism spectrum disorders.

SP # 14

PERFORMANCE MEASURE:

Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.

STATUS:

Active

GOAL

Decrease the percentage of at-risk for overweight and overweight children in Nevada public schools.

DEFINITION

Body Mass Index at or above 85%.

Numerator:

All kids in NV public schools with a Body Mass Index (BMI) equal to 85% and above.

Denominator:

All kids in NV public schools

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth risk Behavior Survey Data from Nevada Legislation AB354

SIGNIFICANCE

Decreasing obesity in youth improves health and well-being saves limited healthcare resources.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: NV

Form Level Notes for Form 17

HEALTH SYSTEMS CAPACITY INDICATOR #01 numerator source: 2007 hospital discharge data denominator source: 2007 interim population estimates provided by the Nevada State Demographer time interval: CY 07 population segment represented: Nevada residents

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	44.9	46.4	34.6	34.2	
Numerator	752	833	648	665	
Denominator	167,306	179,563	187,271	194,468	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Hospital Discharge data for 2008 is not available at this time. Data may be available later in CY 2009.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>50.8</u>	<u>73.9</u>	<u>97.8</u>	<u> </u>	<u> </u>
Numerator	<u>11,337</u>	<u>10,917</u>	<u>15,765</u>	<u> </u>	<u> </u>
Denominator	<u>22,299</u>	<u>14,775</u>	<u>16,125</u>	<u> </u>	<u> </u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

The data is from Medicaid. The numerator is higher than the denominator because Medicaid has to combine four different data sources to get "patient level" data (Health Plan of Nevada, Anthem ,Nevada Care, and FFS). There are duplicates between the data sources since Medicaid does not require lock-in enrollment period. (i.e. members can bounce between HMOs and FFS from month to month).

Medicaid has no way yet of tracking the duplicates.

The denominator is an unduplicated count directly from Medicaid payment system.

Because percentage is over 100, system does not allow us to input the data so the true counts are listed below:

%= 108.3%

numerator: 17,813

denominator: 16,451

It is the expectation to get a unduplicated number by fall 2008. DHCFP is currently involved in an initiative to import encounter records data from their HMO participants into their claims payment and data warehousing systems. The project is scheduled for completion by fall 2008.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

The numerator and denominator came from Nevada Medicaid.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	37.2	91.7	39.5	65.9	
Numerator	3,064	881	456	1,271	
Denominator	8,238	961	1,153	1,930	

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

This data came from Nevada Check Up

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

This data came from Nevada Check Up, which provided data for one quarter of children less than 1 who received at least one screen. The denominator is the average monthly eligible for the same quarter (4th quarter).

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>75.9</u>	<u>69.1</u>	<u>68.6</u>	<u>67.1</u>	<u>67.8</u>
Numerator	<u>26,581</u>	<u>25,667</u>	<u>27,343</u>	<u>27,550</u>	<u>26,207</u>
Denominator	<u>35,022</u>	<u>37,133</u>	<u>39,876</u>	<u>41,041</u>	<u>38,642</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized in CY 2009.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>97.5</u>	<u>30.8</u>	<u>78.4</u>	<u>80.8</u>	<u></u>
Numerator	<u>95,000</u>	<u>43,250</u>	<u>151,261</u>	<u>154,025</u>	<u></u>
Denominator	<u>97,436</u>	<u>140,403</u>	<u>193,011</u>	<u>190,510</u>	<u></u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2004	2005	Annual Indicator Data		
			2006	2007	2008
Annual Indicator	15.6	26.3	29.7	35.2	
Numerator	5,357	7,569	8,638	10,078	
Denominator	34,278	28,746	29,040	28,670	

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

data provided by Medicaid

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>20.5</u>	<u>20.8</u>	<u>19.0</u>	<u>0.4</u>	<u> </u>
Numerator	<u>1,054</u>	<u>1,054</u>	<u>1,044</u>	<u>22</u>	<u> </u>
Denominator	<u>5,140</u>	<u>5,077</u>	<u>5,486</u>	<u>5,674</u>	<u> </u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

The number served is from the Bureau of Early Intervention Services, which is where the CSHCN program serves those on SSI (0-3 yrs old), through early intervention and the multidisciplinary clinics. The denominator is from the U.S. Social Security Administration Office of Policy, SSI Recipients by State and County 2007 for children.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

The number served is from the Bureau of Early Intervention Services, which is where the CSHCN program serves those on SSI, through early intervention and the multidisciplinary clinics. The denominator is from the U.S. Social Security Administration Office of Policy, SSI Recipients by State and County 2006 for children.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: NV

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>			_____	_____	_____
b) <i>Infant deaths per 1,000 live births</i>			_____	_____	_____
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>			_____	_____	_____
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>			_____	_____	_____

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: NV

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>)	2008	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>133</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: NV

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	<u>200</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

- Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
To age 18 pregnant women can get on Medicaid. There is a waiver for women to 185% of poverty for up to 100 women.
- Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
Pregnant women for SCHIP are eligible only to age 18.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NV

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: NV

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth certificates and WIC eligibility files
Column Name:
Year: 2010
Field Note:
Linkage may be possible in CY 2010.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: NV

Form Level Notes for Form 11

HEALTH STATUS INDICATOR #03A-#3C ICD10 Codes are not available at this time for 2008. numerator source: 2006 death and 2007 preliminary death data denominator source: 2006 & 2007 interim population estimates provided by the Nevada State Demographer time interval: CY 06 & 07 population segment represented: Nevada residents code notes: The ICD codes used were drawn from the CDC's 'State Injury Indicators: Instructions for Preparing 2005 Data' HEALTH STATUS INDICATOR #04A-#4c ICD10 Codes are not available at this time for 2008. numerator source: 2007 hospital discharge data denominator source: 2007 interim population estimates provided by the Nevada State Demographer time interval: CY 07 population segment represented: Nevada residents code notes: The ICD codes used were drawn from the CDC's 'State Injury Indicators: Instructions for Preparing 2005 Data' Health Status Indicator #5A- #5B Source: Nevada State Health Division, (STD*MIS), extracted on May 22, 2009 Please note: The Interim 2007 Pop Estimates are based on 2006 Interim Pop Estimates. They were updated in July 2008 by the Nevada State Health Division, Bureau of Health Planning and Statistics based on the 2007 Total Population Estimates provided by the Nevada State Demographer in March 2007.

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>8.0</u>	<u>8.3</u>	<u>8.3</u>	<u>8.2</u>	<u>8.0</u>
Numerator	<u>2,799</u>	<u>3,083</u>	<u>3,335</u>	<u>3,391</u>	<u>3,112</u>
Denominator	<u>35,147</u>	<u>37,259</u>	<u>40,006</u>	<u>41,175</u>	<u>38,777</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data				
		2004	2005	2006	2007	2008
Annual Indicator		<u>6.4</u>	<u>6.3</u>	<u>6.4</u>	<u>6.5</u>	<u>6.3</u>
Numerator		<u>2,189</u>	<u>2,360</u>	<u>2,488</u>	<u>2,597</u>	<u>2,375</u>
Denominator		<u>34,167</u>	<u>37,259</u>	<u>38,756</u>	<u>39,895</u>	<u>37,597</u>
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>						
Is the Data Provisional or Final?					Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 was finalized CY 2009.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.3</u>	<u>1.3</u>	<u>1.4</u>	<u>1.3</u>	<u>1.3</u>
Numerator	<u>441</u>	<u>478</u>	<u>544</u>	<u>533</u>	<u>490</u>
Denominator	<u>35,147</u>	<u>37,259</u>	<u>40,006</u>	<u>41,175</u>	<u>38,777</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 was finalized CY 2009.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	1.0	1.0	1.0	1.1	1.0
Numerator	329	365	397	420	363
Denominator	34,165	37,259	38,756	39,895	37,597
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes1. **Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for 2006 was finalized CY 2009.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>9.4</u>	<u>9.3</u>	<u>11.1</u>	<u>11.2</u>	<u> </u>
Numerator	<u>47</u>	<u>49</u>	<u>61</u>	<u>64</u>	<u> </u>
Denominator	<u>497,677</u>	<u>526,084</u>	<u>549,579</u>	<u>569,704</u>	<u> </u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

ICD10 Codes are not available at this time for 2008. The data may be available later in CY 2009.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	4.0	4.6	3.3	1.8	
Numerator	20	24	18	10	
Denominator	497,677	526,084	549,579	569,704	

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

ICD10 Codes are not available at this time for 2008. The data may be available later in CY 2009.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	22.0	24.4	23.3	14.8	
Numerator	74	88	88	58	
Denominator	336,900	361,160	377,360	391,047	

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

ICD10 Codes are not available at this time for 2008. The data may be available later in CY 2009.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>232.5</u>	<u>162.5</u>	<u>141.7</u>	<u>164.5</u>	<u> </u>
Numerator	<u>1,157</u>	<u>855</u>	<u>779</u>	<u>937</u>	<u> </u>
Denominator	<u>497,677</u>	<u>526,084</u>	<u>549,579</u>	<u>569,704</u>	<u> </u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

ICD10 Codes are not available at this time for 2008. The data may be available later in CY 2009.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	18.1	35.2	25.3	16.1	
Numerator	90	185	139	92	
Denominator	497,677	526,084	549,579	569,704	

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

ICD10 Codes are not available at this time for 2008. The data may be available later in CY 2009.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	97.1	145.9	121.1	83.6	
Numerator	327	527	457	327	
Denominator	336,900	361,160	377,360	391,047	

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

ICD10 Codes are not available at this time for 2008. The data may be available later in CY 2009.

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Data for 2006 was finalized CY 2009.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>20.2</u>	<u>13.1</u>	<u>14.1</u>	<u>16.8</u>	<u>16.7</u>
Numerator	<u>1,612</u>	<u></u>	<u>1,259</u>	<u>3,236</u>	<u>3,216</u>
Denominator	<u>79,608</u>	<u></u>	<u>89,473</u>	<u>192,575</u>	<u>192,575</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>7.4</u>	<u>5.4</u>	<u>6.6</u>	<u>6.0</u>	<u>6.2</u>
Numerator	<u>3,103</u>	<u></u>	<u>3,056</u>	<u>5,975</u>	<u>6,146</u>
Denominator	<u>418,348</u>	<u></u>	<u>462,416</u>	<u>999,293</u>	<u>999,293</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

This is an estimate from the state STD program.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #08A - Demographics (Total deaths) *Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #08B - Demographics (Total deaths) *Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)*

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families	2.0	63.0	27.0	2.0	2.0	0.0	5.0	1.0	2008
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	_____
Living in urban areas	_____
Living in rural areas	_____
Living in frontier areas	_____
Total - all children 0 through 19	_____ 0

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: NV

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
TANF data is from the Welfare Division; Demographics from the Health Division.